

Testimony Supporting  
H.B. 5411: An Act Concerning Medicaid  
H.B. 5296: An Act Concerning the Definition of Medical Necessity  
Sharon D. Langer  
Human Services Committee  
March 11, 2010

Senator Doyle, Representative Walker and Members of the Human Services Committee:

I am a senior policy fellow with Connecticut Voices for Children, a research-based public policy think tank that works statewide to promote the well-being of Connecticut's children, youth, and families. I am submitting this written testimony on behalf of Connecticut Voices.

We wholeheartedly support H.B. 5411, **An Act Concerning Medicaid** which – among other important provisions - would require the Department of Social Services to finally cover smoking cessation under its Medicaid program, and delete reference to a plan that was already developed – but never implemented. As we stated in our testimony earlier this year before this committee:

“The bill would delete language that references a Department of Social Services plan that was developed to provide smoking cessation services in Medicaid and presented to the Human Services and Appropriations Committees in 2004. While the Department has fulfilled its reporting obligation under this statute, we take this opportunity to point out that the legislature never appropriated the funds to include smoking cessation as a Medicaid benefit and the Department never amended the Medicaid state plan to include such covered services. As a result, nicotine replacement and medications to treat smoking cessation are not covered under Connecticut's Medicaid program – giving Connecticut the dubious distinction of being one of only a handful of states that persist in not covering tobacco cessation products and services.”<sup>1</sup>

As we stated in our testimony before the Appropriations Committee regarding disbursement of funds from the Tobacco and Health Trust Fund on March 12, 2008:<sup>2</sup>

“The Connecticut's Department of Social Services estimated the cost of providing smoking cessation treatment for the entire Medicaid population, including the elderly and disabled, would range between \$3.8 million to \$9.5 million. Four years later, Section 19 of Public Act 02-04 remains unfunded. Connecticut is missing out on a crucial opportunity to draw down funds from the federal government. For every dollar Connecticut invests in smoking cessation through Medicaid, the federal government will reimburse the state 50 cents to match our investment.”<sup>3</sup>

Despite its clear cost effectiveness and a federal directive issued in 2001 by the Centers for Medicare and Medicaid Services to cover children and pregnant women, Connecticut lags behind the rest of the nation in providing smoking cessation programs for its Medicaid population. In 2006, Connecticut was one of only five states whose Medicaid program

did not cover any tobacco dependence treatments recommended by the Centers of Disease Control.” (emphasis added)

We again encourage the legislature to mandate coverage for smoking cessation in the Medicaid program.

We also support the provisions in H.B. 5411 that would change the name, of the Medicaid Managed Care Council to the Medicaid Care Management Council, include representatives from care management organizations, and add the Healthcare Advocate to the current membership of the Council.

These proposed changes are in recognition of the fact that the Department of Social Services is moving away from providing Medicaid services through risk-based managed care organizations and utilizing instead various non-risk administrative service organizations to manage the care of not only Medicaid enrollees but HUSKY B children, Charter Oak members and the elderly and disabled individuals. Legislation passed last year would convert the fee-for-service program for the aged, blind and disabled to a non-risk administrative services model. The Medicaid Managed Care Council currently oversees the HUSKY Program, as well as the State Administered General Assistance medical program. Since 2006, behavioral health, dental and pharmacy services have been “carved out” from managed care and are administered by three different non-risk contractors. For all these reasons we support the proposed changes to the Medicaid Managed Care Council statute.

For the record we also support restoring podiatry services as a covered Medicaid service, given the well-known needs for this service for elderly and disabled patients, and would also support converting the home care program to a Medicaid program in order to draw down federal funds.

We also support H.B. 5296, An Act Concerning the Definition of Medical Necessity with the amendments proposed by the Medical Inefficiency [sic] Committee has proposed.

It makes sense for the legislature to adopt a definition that has been developed by the legislatively-created Committee entrusted with advising the Department of Social Service about any changes to the current definition. It is important that changes to the definition be monitored to ensure that access and quality of care are not compromised and therefore we would support the continuation of the Medical Inefficiency Committee (perhaps with a new name) in order to provide such monitoring. We continue to be concerned that health providers will not understand the unchanged requirements under state and federal Medicaid law that governs access to care for children under 21: The Early and Periodic Screening, Diagnostic and Treatment rules mandate coverage of all necessary services for children regardless of any limitations allowed for adults in Medicaid.

Thank you for this opportunity to testify in support of H.B. 5411 and H.B. 5296. Please feel free to contact me if you have questions about this testimony or need further information.

---

<sup>1</sup> Testimony Regarding S.B. 220: An Act Concerning the Elimination of the Certain Department of Social Services Reports Requirements, S. Langer (Mar. 2, 2010), available at <http://www.ctkidslink.org/testimony.html>

<sup>2</sup> Testimony Supporting H.B. 5020: An Act Implementing the Governor's Recommendations regarding the Tobacco and Health Trust Fund, T. Ali & S. Langer, M.Ed., J.D. (Mar. 12, 2008), available at [www.ctkidslink.org/testimony\\_archive.html](http://www.ctkidslink.org/testimony_archive.html)

<sup>3</sup> If Connecticut had instituted smoking cessation, it would be receiving almost 62 cents on the dollar from the federal government for Medicaid covered services under the stimulus package, from October 1, 2008 through December 31, 2010 – and most likely beyond 2010 - since the expectation is that Congress will authorize continuation of the increase in federal Medicaid matching funds.

